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CONFIRMATION NO. 8719

<b>SERIAL NUMBER</b> 10/784,333	<b>FILING OR 371(c) DATE</b> 02/23/2004 <b>RULE</b>	<b>CLASS</b> 474	<b>GROUP ART UNIT</b> 3682	<b>ATTORNEY DOCKET NO.</b> DP-311249
<b>APPLICANTS</b> John R. Rice, Chesterfield, MI; Michael A. Ciavaglia, Dearborn, MI; Joseph M. Johnson, Huntington Woods, MI;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/519,021 11/10/2003 <i>wy 3/25/07</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>not wy 3/25/07</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/15/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>wy 3/25/07</i>		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 14
Verified and Acknowledged Examiner's Signature <i>wy 3/25/07</i> Initials		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 22851				
<b>TITLE</b> Flexible drive member attachment				
<b>FILING FEE RECEIVED</b> 770	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	